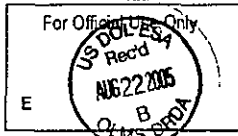


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



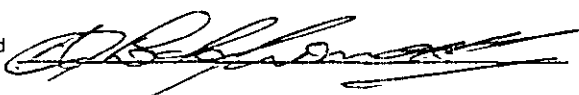
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <b>12637</b>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Armando Colafranceschi  P.O. Box, Bldg., Room No., if any  Street 1750 New York Avenue, N.W.  City Washington  State District of Columbia ZIP Code +4 20006-5301	4. Name, file number, and address of labor organization.  Name International Union of Painters & Allied Trade  Labor Organization File Number 000-035  P.O. Box, Building and Room Number, if any  Street 1750 New York Avenue, N.W.  City Washington  State District of Columbia ZIP Code +4 20006-5301
5. Position in labor organization. General Vice President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code +4	7.a. Nature of Interest, Transaction, or Income.        7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed 	On <u>AUG 15/05</u> <u>416 630 9604</u> Date Telephone Number



Name of Person Filing <b>Armando Colafranceschi</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>Chartwell Investment Partners</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>1235 Westlakes Drive, Suite 400</b></p> <p>City <b>Berwyn</b></p> <p>State <b>Pennsylvania</b>      ZIP Code + 4 <b>19312-2416</b></p>	<p><b>9. Business deals with:</b></p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <b>IUPAT Industry Pension Fund</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>1750 New York Avenue, NW</b></p> <p>City <b>Washington</b></p> <p>State <b>District of Columbia</b>      ZIP Code + 4 <b>20006</b></p>	<p><b>11.a. Nature of such dealing.</b></p> <p><i>Business provides investment services to affiliated pension fund</i></p> <hr/> <p><b>11.b. Approximate dollar value of such dealing.</b> <span style="float: right;"><b>\$159,034</b></span></p> <hr/> <p><b>12.a. Nature of interest held or income received.</b></p> <p><i>2/11/04, Recreational Entertainment, 199.06</i></p> <hr/> <p><b>12.b. Amount.</b> <span style="float: right;"><b>\$199</b></span></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State      ZIP Code + 4</p>	<p><b>14.a. Nature of payment.</b></p>
<p><b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14.b. Amount of payment.</b></p>

Name of Person Filing <b>Armando Colafranceschi</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <b>IUPAT Joint Apprenticeship Training Fund</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>1750 New York Avenue, NW</b>  City <b>Washington</b>  State <b>District of Columbia</b> ZIP Code + 4 <b>20006</b>	<b>9. Business deals with:</b>  <input checked="" type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
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<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State      ZIP Code + 4	<b>11.a. Nature of such dealing.</b> <b>Affiliated Pension Fund - dealing consists of shared costs</b>  <b>11.b. Approximate dollar value of such dealing.</b> <b>\$271,319</b>  <b>12.a. Nature of interest held or income received.</b> 8/13/2004, meal, 133.89      2/7/04, meal, 58.54 2/5/04, meal, 35.20 2/5/04, meal, 238.40 2/6/04, meal, 32.42 2/6/04, meal, 31.58 2/7/04, meal, 28.73 2/7/04, meal, 41.20  <b>12.b. Amount.</b> <b>\$600</b>
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**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State      ZIP Code + 4	<b>14.a. Nature of payment.</b>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b>

Name of Person Filing <b>Armando Colafranceschi</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <b>IUPAT Labor Management Cooperation Initiati</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>1750 New York Avenue, NW</b>  City <b>Washington</b>  State <b>District of Columbia</b> ZIP Code + 4 <b>20006</b>	<b>9. Business deals with:</b>  <input checked="" type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
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<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State      ZIP Code + 4	<b>11.a. Nature of such dealing.</b>  <b>Affiliated Pension Fund - dealing consists of shared costs</b>  <b>Filer is a Trustee. All payments are in connection with expenses incurred on behalf of the fund.</b>																
	<b>11.b. Approximate dollar value of such dealing.</b> <b>\$226,441</b>																
	<b>12.a. Nature of interest held or income received.</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">3/12/04, Trustee Exp, 554.60</td> <td style="width: 50%;">9/10, meal, 51.90</td> </tr> <tr> <td>6/18/04, Hotel, 1469.25</td> <td>9/10, hotel, 441.25</td> </tr> <tr> <td>2/18/04, Hotel, 168.95</td> <td>12/17, Xmas gift, 61.95</td> </tr> <tr> <td>2/1/04, meal, 171.68</td> <td></td> </tr> <tr> <td>2/2/04, meal, 41.22</td> <td></td> </tr> <tr> <td>2/3/04, meal, 35.01</td> <td></td> </tr> <tr> <td>6/27/04, meal, 122.56</td> <td></td> </tr> <tr> <td>8/19/04, meal, 110.98</td> <td></td> </tr> </table>	3/12/04, Trustee Exp, 554.60	9/10, meal, 51.90	6/18/04, Hotel, 1469.25	9/10, hotel, 441.25	2/18/04, Hotel, 168.95	12/17, Xmas gift, 61.95	2/1/04, meal, 171.68		2/2/04, meal, 41.22		2/3/04, meal, 35.01		6/27/04, meal, 122.56		8/19/04, meal, 110.98	
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2/3/04, meal, 35.01																	
6/27/04, meal, 122.56																	
8/19/04, meal, 110.98																	
	<b>12.b. Amount.</b> <b>\$3,229</b>																

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State      ZIP Code + 4	<b>14.a. Nature of payment.</b>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b>

Name of Person Filing <b>Armando Colafranceschi</b>		File Number U-															
<b>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</b>																	
<b>8. Name and address of Business (including trade name, if any).</b>  Name <b>IUPAT Industry Pension Fund</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>1750 New York Avenue, NW</b>  City <b>Washington</b>  State <b>District of Columbia</b> ZIP Code + 4 <b>20006</b>		<b>9. Business deals with:</b>  <input checked="checked" type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer															
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State      ZIP Code + 4		<b>11.a. Nature of such dealing.</b> <b>Affiliated Pension Fund - dealing consists of shared costs</b>  <b>Filer is a Trustee. All payments are in connection with expenses incurred on behalf of the fund.</b>															
(Continued from previous section)		<b>11.b. Approximate dollar value of such dealing.</b> <b>\$839,191</b>															
(Continued from previous section)		<b>12.a. Nature of interest held or income received.</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1/21/04, meal, 48.67</td> <td style="width: 50%;">3/2/04, meal, 95.85</td> </tr> <tr> <td>1/30/04, meal, 93.80</td> <td>9/11/04, meal, 107.21</td> </tr> <tr> <td>3/5/04, meal, 64.90</td> <td>9/14/04, meal, 65.26</td> </tr> <tr> <td>3/28/04, meal, 95.84</td> <td></td> </tr> <tr> <td>3/29/04, meal, 115.48</td> <td></td> </tr> <tr> <td>8/20/04, meal, 98.88</td> <td></td> </tr> <tr> <td>12/6/04, meal, 218.80</td> <td></td> </tr> </table>		1/21/04, meal, 48.67	3/2/04, meal, 95.85	1/30/04, meal, 93.80	9/11/04, meal, 107.21	3/5/04, meal, 64.90	9/14/04, meal, 65.26	3/28/04, meal, 95.84		3/29/04, meal, 115.48		8/20/04, meal, 98.88		12/6/04, meal, 218.80	
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3/29/04, meal, 115.48																	
8/20/04, meal, 98.88																	
12/6/04, meal, 218.80																	
(Continued from previous section)		<b>12.b. Amount.</b> <b>\$1,005</b>															
<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>																	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State      ZIP Code + 4		<b>14.a. Nature of payment.</b>															
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>		<b>14.b. Amount of payment.</b>															

Name of Person Filing <b>Armando Colafranceschi</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <b>IUPAT Industry Pension Fund</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>1750 New York Avenue, NW</b>  City <b>Washington</b>  State <b>District of Columbia</b> ZIP Code + 4 <b>20006</b>	<b>9. Business deals with:</b>  <input checked="checked" type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State      ZIP Code + 4	<b>11.a. Nature of such dealing.</b> <b>Affiliated Pension Fund - dealing consists of shared costs</b>  <b>Filer is a Trustee. All payments are in connection with expenses incurred on behalf of the fund.</b>  <hr/> <b>11.b. Approximate dollar value of such dealing.</b> <span style="float: right;"><b>\$839,191</b></span>  <b>12.a. Nature of interest held or income received.</b> <b>Paid directly to hotel(s) for meals:</b>  1/27/04 meal, 167.17 9/13/04 meal, 71.34  <hr/> <b>12.b. Amount.</b> <span style="float: right;"><b>\$239</b></span>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State      ZIP Code + 4	<b>14.a. Nature of payment.</b>          
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b>

Name of Person Filing <b>Armando Colafranceschi</b>		File Number <b>U-</b>	
<b>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</b>			
<b>8. Name and address of Business (including trade name, if any):</b>  Name <b>IUPAT Industry Pension Fund</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>1750 New York Avenue, NW</b>  City <b>Washington</b>  State <b>District of Columbia</b> ZIP Code + 4 <b>20006</b>		<b>9. Business deals with:</b>  <input checked="checked" type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer	
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State      ZIP Code + 4		<b>11.a. Nature of such dealing.</b> <b>Affiliated Pension Fund - dealing consists of shared costs</b>  <b>Filer is a Trustee. All payments are in connection with expenses incurred on behalf of the fund.</b>	
		<b>11.b. Approximate dollar value of such dealing.</b> <b>\$639,191</b>	
		<b>12.a. Nature of interest held or income received.</b> <b>Paid directly to hotel(s) for lodging:</b>  <b>1/26-1/30/04, 5 nights, 2358.75</b> <b>9/13-9/14/04, 2 nights, 341.00</b>	
		<b>12.b. Amount.</b> <b>\$2,700</b>	
<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>			
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State      ZIP Code + 4		<b>14.a. Nature of payment.</b>	
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>		<b>14.b. Amount of payment.</b>	





August 12, 2005

Please sign and mail by Monday, August 15, 2005:

U.S. Department of Labor  
Employment Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW, Room N-5616  
Washington, DC 20210

Please return a signed copy to the office of the GST as soon as possible.

Thank you for your attention to this matter.

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.